



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3376

<b>SERIAL NUMBER</b> 10/781,541	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 02390/491061
<b>APPLICANTS</b> Jacob Richter, Tel Aviv, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/109,844 07/02/1998 PAT 6,692,522 which is a DIV of 08/774,970 12/26/1996 PAT 5,906,759 <i>OK AS.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none AS.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AS.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26646				
<b>TITLE</b> Stent fabrication method				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	